FAMILY MATTER SUMMARY SHEET: M.R. Civ. P. 5(h)

This form is used for entering basic information about the case and the parties into court records. You must complete and file this form with the Clerk when you file your Complaint or Motion. You are not required to give a copy of this form to the other party.

| COURT LOCATION (where you are filing this action): | | | | | | | | | | |
|--|---------------------------|----------------|---------|-------------------------------|---|------------|-----------------|---------|-----------------|--|
| TYPE OF ACTIO | N: (Check one box) | | | | | | | | | |
| Divorce - Real Estate involved Divorce - No Real Estate | | | | | | | | | | |
| ☐ Parental Rights & Responsibilities (Unmarried parents of child) ☐ Paternity (Determine biological father of child) | | | | | | | | | | |
| ☐ Judicial Separation ☐ Foreign Judg | | | ment | Other Family Matter | | | | | | |
| TYPE OF FILING | G: (Check one box) | | | | | | | | | |
| ☐ Original Proceeding | | | | | | | | | | |
| Post-Judgment Motion: ☐ to Modify ☐ to Enforce ☐ for Contempt Original Docket # is: | | | | | | | | | | |
| Plaintiff Informat | ion: (Person starting th | ne action or i | f post- | judgmer | it, name of person | who was t | the plaintiff i | n the | original case.) | |
| Name: First | Middle La | | | st N | | | Maiden | Maiden | | |
| Mailing Address: | | | | City | | | Sta | te | Zip | |
| Physical Address: | | | | City | | | Sta | te | Zip | |
| | | | | | | | Sta | ···· | Zip | |
| Gender: | Date of Birth: | | | | SS Number Disclosure Required on separate form | | | | | |
| Home Telephone: | | | | | Work Telephone: | | | | | |
| Attorney's Name: | | | | | Bar ID#: | | | | | |
| Defendant Inform | ation: (Person being s | erved or if no | ost-ind | loment r | name of nerson wh | no was the | defendant in | the o | original case) | |
| Name: First Middle Last | | | | | Maiden | | | | | |
| Mailing Address: | | | | City | | | Stat | te | Zip | |
| Physical Address: | | | City | | | | te | Zip | | |
| | | | | | | | | | | |
| Gender: Date of Birth: | | | | | SS Number Disclosure Required on separate form | | | | | |
| Home Telephone: | | | | | Work Telephone: | | | | | |
| Attorney's Name: | | | | | Bar ID#: | | | | | |
| Minor Children (d | of above parties) full na | ame: | Date | of Birth | | Gender: | | | | |
| | | | | | SS Number Disclosure Required SS Number Disclosure Required | | | | - | |
| | | | | SS Number Disclosure Required | | | | | | |
| | | | | | SS Number Disclosure Required | | | | | |
| | | | | | | | SS Number D | Disclos | ure Required | |
| Date: | | | | | | | | | | |

Signature of Party or Party's Attorney